FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

129	259				
OMB APPROVAL					
OMB Number:	3235-0076				
Expires: May 31, 200					
Estimated average burden					
hours per response1					
SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Limited Partnership Interests	ECEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE JUN 0 2 200
A. BASIC IDENTIFICATION DATA	The state of the s
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MedPath Investments, L.P.	187
Address of Executive Offices (Number and Street, City, State, Zip Code) 650 Page Mill Road, Palo Alto, CA 94304	Telephone Number (Including Area Code) (650) 320-4615
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Investment Partnership	PROCESSED
Type of Business Organization corporation limited partnership, already formed other	(please specify): THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year 0 4 U Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for St CN for Canada: FN for other foreign jurisdiction)	Actual Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

_ ATTENTION ..

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

BASIC IDENTIFICATION DATA ... A. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter ☐ Beneficial Owner Executive Officer Director \boxtimes General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) McGlynn, J. Casey Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wilson Sonsini Goodrich & Rosati, 650 Page Mill Road, Palo Alto, CA 94304 Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	g of the stage of			В.	INFOR	MATION .	ABOUT OI	FERING		ni e. Dwylanech		
1. Has t	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No ⊠		
2. What	•••								\$	N/A		
3. Does	the offering p	ermit joint ov	vnership of a	single unit?	,						Yes ⊠	No □
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. 												
Full Name	(Last name fir	st, if individu	ıal)									
Business o	r Residence A	ddress (Numl	per and Stree	t, City, State	e, Zip Code)							
Name of A	ssociated Brok	er or Dealer										· · · · · · · · · · · · · · · · · · ·
	hich Person L											
(Check	"All States" or	check indivi	duals States)			•					☐ AI	I States
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	r Residence Ad		per and Stree	t, City, State	e, Zip Code)							
States in W	hich Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers		<u> </u>				•	
(Check	"All States" or	check indivi	duals States)								☐ All States	
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ual)	· · · · ·								
Business o	r Residence A	ddress (Numl	per and Stree	t, City, State	e, Zip Code)							
Name of A	ssociated Brok	cer or Dealer										·
	Vhich Person L										_	
•	(Check "All States" or check individuals States)							1 States				
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR]	[PA] [PR]
[141]	اعدا	رمی						nis sheet, as n		[" "]	[WY]	[1 17]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price		t Already
	Debt	\$	\$	olu
	Equity		\$	
	Common Preferred	<u> </u>	Ψ	· · ·
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests			25,230.00
	Other (Specify)		6	23,230.00
	Total		D	25 220 00
		\$ 3,925,230.00	\$3,9	25,230.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Agg	regate
		Number Investors	Dollar	Amount irchase
	Accredited investors	62	\$ <u>3,9</u>	25,230.00
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Amount old
	Rule 505	0	\$	0
	Regulation A	0	\$	0
	Rule 504	0	\$	0
	Total	0	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-	
	Transfer Agent's Fees		\$	0
	Printing and Engraving Costs		\$	0
	Legal Fees		\$	0
	Accounting Fees		\$	0
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)		\$ \$	0
	Other Expenses (identify)		\$	0
	Total] [\$	0
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C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
total expenses furnished in response to Part C	e offering price given in response to Part C - Question 1 and C - Question 4.a. This difference is the "adjusted gross	1	\$_3,925,230.00
the purposes shown. If the amount for any purpose	ss proceeds to the issuer used or proposed to be used for each is not known, furnish an estimate and check the box to the left ast equal the adjusted gross proceeds to the issuer set forth	tof	
		Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees		\$	\$
Purchase of real estate		\$	□ s
Purchase, rental or leasing and installation of	f machinery and equipment	\$	<u> </u>
Construction or leasing of plant buildings an	d facilities	\$	\$
Acquisition of other businesses (including th used in exchange for the assets or securities of	the value of securities involved in this offering that may be of another issuer pursuant to a merger)	□ \$	□ s
Repayment of indebtedness		\$	S
Working capital		\$	∑ \$_3,925,230.00
Other (specify):			\$
Column Totals			 \$
Total Payments Listed (column totals a		5,230.00	
	D. FEDERAL SIGNATURE		
	the undersigned duly authorized person. If this notice is filed ur es and Exchange Commission, upon written request of its staff,	nder Rule 505, the following	g signature constitutes an
Issuer (Print or Type)	1 1 2 6	Pate	
MedPath Investments, L.P. Name of Signer (Print or Type)	Title of Signer (Print or Type)	1ay 28 , 2004	
Name of Signer (Print or Type) J. Casey McGlynn	General Partner		
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	ATTENTION		
Intentional Misstatements or	r Omissions of Fact Constitute Federal Criminal Violatio	ons. (See 18. U.S.C. 100	1.)